## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

26753

7590

02/17/2011

ANDRUS, SCEALES, STARKE & SAWALL, LLP 100 EAST WISCONSIN AVENUE, SUITE 1100 MILWAUKEE, WI 53202

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Aleshia T. Prange	(Depositor's name
Machia T. Promos	(Signature
May 13, 2011	(Date

APPLICATION NO.	FILING DATE	<u> </u>	FIRST NAMED INVENTOR		DRNEY DOCKET NO.	CONFIRMATION NO.	
10/582,265	07/10/2008	Jussi Korolainen			2542-00062 1279		
TITLE OF INVENTION	N: COMPUTER TABLE	ELEMENT					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$755	\$300	\$0	\$1055	05/17/2011	
EXAM	IINER	ART UNIT	CLASS-SUBCLASS				
AYRES, TIMO	ГНҮ MICHAEL	3637	108-050010				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  Andrus, Sceales,  Starke & Sawall, LLP				
Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or typ	 pe)			
PLEASE NOTE: Un recordation as set fort	less an assignee is ident h in 37 CFR 3.11 Comp	ified below, no assignee pletion of this form is NO	data will appear on the pa T a substitute for filing an	atent. If an assignee is id assignment.	dentified below, the d	ocument has been filed for	
(A) NAME OF ASSI	GNEE		(B) RESIDENCE: (CITY	and STATE OR COUNT	ΓRΥ)		
Hidesk Oy			FINLAND				
Please check the appropr	riate assignee category or	categories (will not be pr	rinted on the patent);	Individual 🚨 Corporat	ion or other private gro	oup entity Government	
4a. The following fee(s)  Issue Fee  Description Fee (No. 1)  Advance Order - #	No small entity discount p	permitted)	<ul> <li>ib. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 01.2000 (enclose an extra copy of this form).</li> </ul>				
Advance Order - 7	of Copies	·· <del>·····</del>	overpayment, to Depo	sit Account Number 01	2000 (enclose a	n extra copy of this form).	
5. Change in Entity Sta  a. Applicant claim	tus (from status indicated is SMALL ENTITY state	•	☐ b. Applicant is no long	ger claiming SMALL EN	TITY status. See 37 C	FR 1.27(g)(2).	
						ne assignee or other party in	
Authorized Signature	//-	7 AL		Date May 13			

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Typed or printed name

Peter T. Holsen

54,180

Registration No.